

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

57-02276-1
STATE FILL NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 5248

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA				Length of stay in lb 7/8		d. STREET ADDRESS 3793 Lee Ave.	
3. NAME OF DECEASED (Type or print) First Ellen Middle Mueller Last Mueller				4. DATE OF DEATH Month June Day 3 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18, 1880	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Michael Ryan				14. MOTHER'S MAIDEN NAME Bridget Driscoll			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.				16. SOCIAL SECURITY NO. None		17. INFORMANT Address A. Barney Mueller, 3793 Lee Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries received when she fell down the steps of her house 3793 Lee Avenue on June 3rd, 1957. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) down the steps of her house DUE TO (c) 3793 Lee Avenue on June 3rd, 1957. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1957.							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) E 900' 0					
20c. TIME OF INJURY Hour 6 Month 3 Day 3 a. m. 57 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 10 Home					
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY Mo STATE Mo					
21. I attended the deceased from 505 P. to her and last saw him alive on June 3rd, 1957 Death occurred at 505 P. on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph M. Quinn M.D.				22b. ADDRESS 3793 Lee Ave.			
22c. DATE SIGNED 6/4/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-6-57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Correll Funeral Home, 3710 N. Grand Ave.				25. DATE RECD. BY LOCAL REG. JUN 4 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 40

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.